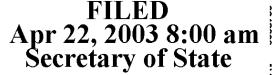
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) 590047 DOCUMENT # 1. Entity Name

CLARK OIL COMPANY, INC.



04-22-2003 90074 033 ***150.00

Principal Place of Business Mailing Address 2286 S.B. BUTLER PWY 2286 S.B. BUTLER PWY P.O. BOX 48 P.O. BOX 48 **PERRY FL 32347 PERRY FL 32347** 3. Mailing Address 2. Principal Place of Business P.O. Box 48 3918 South Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Perry City & State 4. FEI Number Applied For 59-1862280 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired 32348 TAYLOR 32348 Taylor Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLARK, L.B. III Street Address (P.O. Box Number is Not Acceptable) 3918 HWY 19 S. PERRY FL 32347 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Addition ☐ Delete CLARK, L.B., III NAME NAME 3918 HWY 19 S. STREET ADDRESS STREET ADDRESS PERRY FL CITY-ST-7P CITY-ST-ZIP Addition STD TITLE ☐ Change TITLE ☐ Delete GARNER, GENEVIEVE T. NAME NAME STREET ADDRESS 909 N. FAULKNER ST. STREET ADDRESS CITY-ST-ZIP PERRY FL CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is tree and no does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of account and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

fruste€

SIGNATURE:

of the corporation or the receiver

changed, or on an attachment